

# LGBTI fact sheet 8a - Aboriginal & Torres Strait Islander peoples

## Additional considerations for Aboriginal and Torres Strait Islander peoples who identify as LGBTI, Brotherboy or Sistergirl

The risk of developing dementia is three to five times higher for Aboriginal Australians than that of other Australians (1-5).

- Stressful early life events up to age 15 have been associated with dementia in Aboriginal and Torres Strait Islander Australians aged 60 and older (1).
- Historical factors contributing to early life adversity in Aboriginal and Torres Strait Islander peoples are potentially further exacerbated for those who identify as LGBTI, Sistergirl or Brotherboy (see *glossary*).

### LGBTI, Sistergirl & Brotherboy Aboriginal & Torres Strait Islander peoples

- Many LGBTI, Sistergirl and Brotherboy Aboriginal and Torres Strait Islander peoples face isolation due to:
  - discrimination from non-indigenous society and Indigenous communities
  - exclusion from traditional ceremonies and activities

- lack of awareness and acknowledgment within their community
- geographical remoteness
- lack of appropriate health services
- lack of family, kinship and community support
- community perception of who is a 'real man' and who is a 'real woman'.

- For those within the Aboriginal and Torres Strait Islander communities who do not identify with the sex assigned to them at birth, the largely Western (Anglo) term transgender may not reflect their gender identity, spirituality, cultural identity or lived reality; "[being] Sistergirl isn't just about gender, it's about your spirit too" (6).
- The terms 'Sistergirl' or 'Brotherboy' are often preferred although this can be influenced by the diversity and geographical location of different communities. Sistergirl and Brotherboy have replaced the inappropriate terms that have been used to refer to Aboriginal and Torres Strait Islander transgender peoples in the past (7-10).
- When referring to gender identity, Brotherboy and Sistergirl are generally each written as one word. 'Brother Boy' and 'Sister Girl' as two words sounds the same when spoken however these may be used in broader Aboriginal and Torres Strait Islander communities in everyday language to refer to a close friend.

**\*Note:** The BPSD Guide incorporates additional considerations for those from Aboriginal and Torres Strait Islander communities who have dementia and present with BPSD.

The additional considerations for Aboriginal and Torres Strait Islander peoples who identify as LGBTI, Brotherboy or Sistergirl included in this fact sheet are not intended to stand alone but rather, supplement the information included in the BPSD Guide available via [www.dementia.unsw.edu.au/bpsdguide](http://www.dementia.unsw.edu.au/bpsdguide)

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- In the same way that Western cultures may greet a friend with “Hey, brother”, Aboriginal and Torres Strait Islander peoples may refer to someone as their “Sister Girl”, or greet someone with “Hey, Brother Boy”. When using these terms it is important to be aware of the context.

## Social & Emotional Wellbeing (SEWB) framework

- Aboriginal and Torres Strait Islander communities traditionally view health holistically (11). Social and emotional wellbeing (SEWB) may be used interchangeably with health within Aboriginal and/or Torres Strait Islander communities (12).
- Factors such as ancestry, connection to land, culture, identity, physical health and family relationships can impact on SEWB (11, 13, 14) and hence, the presentation of BPSD in Aboriginal and Torres Strait Islander peoples (15).

**\*Note:** SEWB is a holistic cultural construct of wellbeing, happiness, resilience and feeling culturally safe (13).

- Awareness and acknowledgement of cultural, sexual and gender identity are essential for the care and support of LGBTI, Brotherboy and Sistergirl Aboriginal and Torres Strait Islander peoples with dementia.
- The relationship between cultural identity and sexual and/or gender identity is multidimensional and can be complex (16). Skin colour alone is not a determinant of a person’s indigeneity or connection to culture.

- Every Aboriginal and Torres Strait Islander person has individual experiences, varied upbringings and, as with LGBTI culture, people connect with their Aboriginal and Torres Strait Islander culture at different stages of their lives and to varying degrees.

- It is important to recognise, respect and respond to BPSD appropriately by applying the Social and Emotional Wellbeing (SEWB) framework (14).

- This holistic understanding of life and health emphasises the wellbeing of not only individuals but also communities and families (17, 18). SEWB can be measured by the intensity of connections to land/*Country* (traditional homelands), culture, community, family and kinship, spirituality/ancestors, body, mind and emotions (14, 17).

- The SEWB image (14) shows Aboriginal and Torres Strait Islander identity (self) and interconnectedness with interpersonal domains (body, mind and emotions) and external elements of culture, kinship, *Country*, spirituality and community.

- The cultural practices of Aboriginal and Torres Strait Islander peoples include old traditions such as ceremony and *Lore*, modern traditions such as NAIDOC week, women’s business (experiences and knowledge of females), men’s business (knowledge and experiences of males) and sorry business (grief and loss) (19).

- Previous government policies have resulted in ongoing distress for Aboriginal and Torres Strait Islander peoples who do not know their origins and are unable to identify their family connection to traditional *Country* (17).

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- Many LGBTI, Brotherboy or Sistergirl Aboriginal and Torres Strait Islander peoples are unable to live on *Country*. Where this is the case it is important to note the strong connection to land, sea and air (17).
- SEWB and the strength of connections to the seven domains are directly and indirectly impacted by social and historical determinants of health and wellbeing. The SEWB of Aboriginal and Torres Strait Islander peoples is maintained when the interconnected elements of spiritual, physical, emotional, social and cultural life are balanced (20).
- Aboriginal and Torres Strait Islander peoples who identify as LGBTI, Brotherboy and Sistergirl have historically suffered disproportionate disadvantage in many areas including mental health, suicide, poverty, incarceration, health, housing, employment and education.
- Racism and discrimination have led to social exclusion in both non-indigenous populations and Aboriginal and Torres Strait Islander traditions and communities (7, 8, 19).
- Age alone doesn't necessarily mean recognition as an Elder. Becoming recognised as a respected Elder involves providing advice and direction on cultural issues such as kinship, *Country*, spirituality and community.
- In providing this support and giving service to the community through mentoring, Aboriginal and Torres Strait Islander Elders have a key role in promoting social and emotional wellbeing (17, 22, 23).

## Impact of history & discrimination

- Oppression experienced by Aboriginal and Torres Strait Islander, sexually and gender diverse peoples is layered on existing cultural trauma arising from historical impacts of colonisation in Australia.
- Transgenerational trauma has been directly caused by previous Government policies which attempted cultural genocide, forced assimilation and the removal of children.
- Australia's violent and abusive history of colonisation means Aboriginal and Torres Strait Islander peoples have experienced generations of dislocation from cultural practices, *Country/land*, language, family and community (24).

## The role of Aboriginal & Torres Strait Islander Elders in SEWB

- An Aboriginal or Torres Strait Islander Elder has gained recognition as a custodian of knowledge and *Lore*, and has permission to disclose knowledge and beliefs.

**\*Note:** *Lore* is the body of knowledge that defines Aboriginal or Torres Strait Islander culture which is interpreted by the Elders (16).

## Childhood trauma

- The effects of past Government policies that led to the removal of Aboriginal and Torres Strait Islander children from their families continues to have severe consequences for the social and emotional wellbeing of multiple generations of Aboriginal and Torres Strait

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Islander peoples today, placing them at risk of further negative health consequences (17, 25, 26).

- In 1997 the Human rights commission *Bringing Them Home Report* confirmed the devastating, long term effects that the removal of children has had on Aboriginal and Torres Strait Islander families, communities and culture (24, 27).
- The forcible removal of children resulted in harm and loss across multiple generations (26) due to consequent racial discrimination, deprivation of liberty, pain and suffering, abuse, disruption of family life, loss of cultural rights and fulfilment, loss of native title rights, labour exploitation, economic loss and loss of opportunities (27).

**\*Note:** It is important for service providers to be aware of the potential impacts of these events to avoid re-traumatising LGBTI, Sistergirl and Brotherboy Aboriginal and Torres Strait Islander peoples affected by the Stolen Generations.

- The separation of Aboriginal and Torres Strait Islander children from their families and communities led to many of the children living in institutions and other situations of heightened risk where they were subject to abuse (28).
- Aboriginal and Torres Strait Islander children were particularly vulnerable to sexual abuse due to a lack of trusted adults and advocates when families were prevented from having contact.
- Many of the children were told that their families didn't want them or that their parents had died.

- A lack of trust in authority and police means that institutional sexual abuse in Aboriginal and Torres Strait Islander children remains unreported today (29). Children who presented in ways that differed from society's expectations were particularly vulnerable.
- Victims and survivors of child sexual abuse experience short-term and long-term emotional, physical and social effects.
- Many of these effects can impact on victims' lived experiences and mental health throughout their lives, frequently extending beyond the immediate victim to their family and community (30). Childhood trauma has been associated with an increased risk of dementia, particularly in Aboriginal people (1).

## Faith-based teachings

- Among the older generations, the influence of Western missionaries and imposed faith-based teachings impacted the perception of LGBTI, Sistergirl and Brotherboy Aboriginal and Torres Strait Islander peoples, fostering discrimination within Aboriginal and Torres Strait Islander communities (7, 9).
- Discrimination and negative perceptions due to a lack of understanding of sexual and gender diversity within Aboriginal and Torres Strait Islander communities can lead to shame, silence, rejection and blame which negatively impacts on important community networks (31, 32).
- These issues intersect with and are inseparable from broader notions of respect for cultural traditions, overall health, self-esteem, personal and social

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identity as well as connection to *Country* (8).

## Lateral discrimination

- Aboriginal and Torres Strait Islander communities are based on long-standing, binary sex/gender traditions. Roles, places and ceremonies may be assigned as 'men's business' or 'women's business' further isolating those who are sexually or gender diverse (8).
- Where LGBTI, Brotherboy and Sistergirl identities are not accepted within an Aboriginal or Torres Strait Islander community the person who is L, G, B, T, I, Brotherboy or Sistergirl may experience additional isolation because they cannot self-select into alternative communities or a 'family of choice' in the same way that non-indigenous LGBTI peoples may be able to (31).
- Service providers must be aware that older people who have experienced discrimination or lateral violence from the Aboriginal and Torres Strait Islander community because of their sexual and/or gender identity will have intense emotional and psychological reactions. These can include ongoing anger, distress and shame as well as social and cultural isolation.

## Lack of research, data & evidence

- Although there has been research into the health and wellbeing of sexuality and gender diverse Australians, very little focus has been on the social and emotional wellbeing of Aboriginal and Torres Strait

Islander peoples who identify as sexually and gender diverse.

- Where research has occurred, the data reported typically focuses on young Aboriginal and Torres Strait Islander LGBTI peoples (33).
- There are no anthropological data reported on Aboriginal and Torres Strait Islander LGBTI, Brotherboy and Sistergirl communities before or after European colonisation (8, 16, 34).

## Health issues

- Widespread historical neglect from past governments has carried through to current generations, perpetuating poor health for many Aboriginal and Torres Strait Islander peoples.
- Subsequent intergenerational trauma and grief continue to negatively impact on the health of Aboriginal and Torres Strait Islander peoples who identify as LGBTI, Brotherboy or Sistergirl (25).
- The impact of multiple losses can compound, or be compounded by, poor physical or psychological health in older Aboriginal and Torres Strait Islander peoples with the effects of ageing and dementia (35) particularly those who identify as LGBTI, Brotherboy or Sistergirl.
- Older Aboriginal and Torres Strait Islander peoples may delay their access to services because they are too 'shame' to discuss sexual and gender health issues with service providers who may discriminate against them.
- This can result in LGBTI Aboriginal and Torres Strait Islander peoples, Sistergirls and

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Brotherboys presenting late in the course of their dementia and requiring urgent, specialist health care. Comorbid conditions typically compound their health needs as well as increase their distress and risk of delirium.

- Transgenderism within traditional and contemporary Indigenous Australian societies is often invisible which means Brotherboy and Sistergirl specific issues and health needs can be frequently overlooked (8, 9, 36).

## Impact of human immunodeficiency virus (HIV) infection

- As with non-indigenous LGBTI communities, gay and other men who have sex with men within Aboriginal and Torres Strait Islander communities bear the greatest burden of HIV (*see glossary*). Between 2010 and 2014 almost 60% of Aboriginal people diagnosed with HIV were men who have sex with men (37).
- In the early days of the HIV response in Australia, many Aboriginal and Torres Strait Islander gay men and Sistergirls considered themselves invisible as a priority group.
- Little research has been undertaken around HIV transmission and how cultural factors specific to Aboriginal and/or Torres Strait Islander peoples impact on HIV risk factors and infection in Aboriginal and Torres Strait Islander LGBTI peoples, Sistergirls and Brotherboys (32).
- Misconceptions about homosexuality in Aboriginal and Torres Strait Islander culture, compounded with limited understanding of HIV risk factors and

infection, resulted in further discrimination, social isolation and high rates of HIV contraction (38).

- Aboriginal and Torres Strait Islander lesbian and same-sex attracted women lack the formal representation accessible to gay men and Sistergirls through organisations specifically targeting HIV and sexually transmissible infections (39, 40).
- Many Aboriginal and Torres Strait Islander LGBTI peoples, Sistergirls and Brotherboys routinely face multidimensional challenges around their sexual orientation and/or gender identity.
- This can lead to a range of mental health problems, many of which are related to the issues of non-acceptance, transphobia and homophobia from the wider Indigenous and non-indigenous communities (25, 41).

## Cultural considerations in service planning

- Build strong partnerships with Aboriginal and Torres Strait Islander LGBTI organisations to ensure Elders are given a safe and welcoming space to express their LGBTI, Brotherboy and Sistergirl cultural identity.
- Prioritise and support client access to Aboriginal and Torres Strait Islander services in aged care, health care and social support services.
- Develop activities that improve connections to *Country* enabling connection to land, waterways and community.

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- This can include activities such as fishing, swimming or picnics at significant cultural places in the local community.
- Explore opportunities with Aboriginal and Torres Strait Islander peoples to reconnect to their traditional *Country*, kinship, extended family and community.
- Embed Aboriginal and Torres Strait Islander perspectives into everyday aspects of care for the person with dementia.
- Support recognition of significant Aboriginal and Torres Strait Islander dates by facilitating activities and information sharing.
- Support participation in Aboriginal and Torres Strait Islander community events such as NAIDOC week, National Reconciliation Week and Sorry Day as well as acknowledging *Sorry business* and the protocol that must be followed when required (19).
- Encourage pride in culture, gender and sexual identity by facilitating the celebration of Pride events such as the Gay and Lesbian Mardi Gras (19).
- Include Aboriginal and Torres Strait Islander cultural activities into session planning to encourage engagement in cultural art, music, song, dance and storytelling.
- Support Aboriginal and Torres Strait Islander peoples to use their traditional language (or common known words) and ensure access to Aboriginal and Torres Strait Islander music, imagery, e.g. artwork, Aboriginal map of Australia, food and customs.

- Ensure all those involved in the care of Aboriginal and Torres Strait Islander LGBTI, Sistergirls and Brotherboys are supported in attending appropriate cultural competency training.

## Service provision considerations

- Aboriginal and Torres Strait Islander peoples who are sexually and gender diverse are often 'doubly' invisible which leads to difficulties identifying their specific needs and forming strategies to support them within the community (42).
- Where policies and service providers aim to support their needs, LGBTI Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys often face the additional barriers imposed by a non-indigenous perspective of what it means to identify as a sexually and gender diverse or intersex Aboriginal or Torres Strait Islander person.
- A lack of access, inclusiveness, confidentiality and cultural sensitivity in service provision to Aboriginal and Torres Strait Islander peoples raise issues of concern (25).

**\*Note:** LGBTI Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys can experience mainstream LGBTI-specific services as very 'white' and not relevant to their unique needs (7).

- Health services for Aboriginal and Torres Strait Islander peoples are often based on service models which are ill-equipped to also incorporate LGBTI-appropriate service delivery.

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- Some LGBTI Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys do not feel welcomed by Aboriginal and Torres Strait Islander agencies led by older Christian-educated management where a culture of conservatism and homophobia can still exist (43).
- The gap between Aboriginal and Torres Strait Islander specific service provision and services that accommodate LGBTI Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys perpetuates the ongoing discrimination (39).
- Some Aboriginal and Torres Strait Islander peoples who identify as sexually and gender diverse will speak out against culturally-inappropriate practices or policies in aged care; others will resign themselves to a lower level of care than they deserve because they don't have the energy to try and change systems or they fear the consequences of speaking out.
- Specific considerations for providing services to LGBTI Aboriginal and Torres Strait Islander peoples include the need to:
  - acknowledge trauma as a significant contributor and aspect of ongoing mental health issues for many Aboriginal and Torres Strait Islander individuals, families and communities
  - acknowledge that self-determination is essential in the development and delivery of services
  - understand the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander health
  - highlight the importance of cultural relevance in the development and

implementation of programs and services.

## Key points

- It is important that aged care providers address professional and personal development in cultural competency for the care of Aboriginal and Torres Strait Islander peoples.
- When planning, coordinating and delivering services with Aboriginal and Torres Strait Islander peoples, consideration must be given to their cultural heritage, language, cultural practices and community connection.
- This will support strong connections to each of the SEWB domains and reduce the impact of BPSD through improved wellness and a strong sense of identity (14).

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See *Fact sheet 1 – Overview* for details.